

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016368

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 203

FILED MAY 7 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN SOUTHEAST OF INDEPENDENCE		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b FEW MINUTES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MIRROR LAKE R.F.D. #4		d. STREET ADDRESS (If outside, give location) 5623 WABASH AVENUE	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First HARRY Middle H. Last BROWN		4. DATE OF DEATH Month APR 12 Day 26 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/1909
9. AGE (last birthday) 53		10. BIRTHPLACE (City and state or country) HARRISONVILLE MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		11. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM BRADY BROWN		13b. MOTHER'S MAIDEN NAME MABLE HURST	
14. NAME OF HUSBAND OR WIFE MRS. GEORGIA D. BROWN		Address 5623 WABASH AVE. KANSAS CITY MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. GEORGIA D. BROWN		Interval between onset and death	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by drowning DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found in mirror lake			
20c. TIME OF INJURY Hour 4:26 p.m. Month, Day, Year 63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake	
20f. CITY, TOWN, OR LOCATION Jackson		COUNTY MO	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Alma L Craig		22b. ADDRESS 152 Union Station	
22c. DATE SIGNED 4-27-63			
23a. BURIAL CREATION REMOVAL (Specify)		23b. DATE APRIL 29, 1963	
23c. NAME OF CEMETERY OR CREMATORY ORIENT CEMETERY		23d. LOCATION (City, town, or county) (State) HARRISONVILLE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS		25. DATE RECD. BY LOCAL REG. 4-29-63	
26. REGISTRAR'S SIGNATURE Alma L Craig			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 7000  
2 38082  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 298  
10 42  
11 700  
12 91-3  
13 1-0

MAY 8 1963

0000  
2000

0-1  
0-4

000  
2-2  
0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert J. Boyer*

Licensed Embalmer No.

*4892*

P. O. Address

*Delaware Park, KS*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.